FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with: lowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319 Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

CAMPAIGN DISCLOSURE BE

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| ndividual responsible for f | filing | timely and accura | te reports. |
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| | ILCCAI TO DR-3. COUNT Which C | de sections 68B.32A(7) and 68 and ividual responsible for filing CELEPHONE OR (1) ELECTION /(2)NON- Indicate by # Local Common DR-3. County & I which Election which Elections and loans below) | State Party loard or Other Political itical Subdivision PAC (Por Office Use On Comm. # Por Office Use On Comm. * Por Office Use On Com |

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

| CONTRIBUTIONS MONEY TAKEN IN (Including candidate's personal funds) | (Rev. 07/03 | MONETARY RECEIPTS |
|--|-------------|----------------------------------|
| COMMITTEE NAME (Must be same as on Statement of Organization) Brady Hanson | | HECK THIS BOX IF MENDING FORM |

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

| DATE RECEIVED (MM/DD/YR) | PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER | NAME AND ADDRESS OF CONTRIBUTOR | RELATIONSHIP TO CANDIDATE* (if applicable) | AMOUNT RECEIVED | √ IF FOI FUND- RAISER INCOME |
|--------------------------------|---|---------------------------------|--|--------------------|---------------------------------------|
| 08/08/12 | ID# CK# | Tammy Bramlety | none | \$50.00 | INCOME |
| 09/12/12 | ID# CK# | Monona County Republicans | none | \$100.00 | |
| 10/03/12 | ID# CK# | DiAnn Rose | none | \$25.00 | |
| 0/03/12 | ID# CK# | Sam Hallowell | none | \$25.00 | |
| | ID# CK# | Clarence Hoffman | none | \$50.00 | |
| | ID# CK# | | | | |
| | | | SUB-TOTAL | | |

TOTAL (if last page of this schedule)

of (for Schedule A)

250.00

SCHEDULE

Reset Form

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

| FOR INSTRUCTIONS, SEE BACK OF FORM | | |
|--|--|-------------------------|
| COMMITTEE NAME (Must be same as on Statement of Organization) Brady Hanson | SCHEDULE E (Rev. 06/97) C | IN-KIND ONTRIBUTIONS |
| Reset | GHECK T AMENDIN | HIS BOX IF IG FORM |

| DATE RECEIVED (MM/DD/YR) | NAME AND ADDRESS OF CONTRIBUTOR | RELATIONSHIP TO CANDIDATE * (if applicable) | DESCRIPTION OF IN KIND CONTRIBUTION | ESTIMATED FAIR MARKET VALUE | √ IF FOR FUND-RAISER CONTRIBUTION |
|---------------------------------------|--|---|-------------------------------------|-----------------------------------|---|
| 07/01/12 | Brady Hanson 34506 Hwy E34 Castana, IA 51010 | Self | Parade Candy | \$ 72.03 | CONTRIBUTION |
| 10/05/12 | Brady Hanson | Self | Ads | 134.40 | |
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| | SUB-TOTAL | | | \$ | |
| TOTAL (if last page of this schedule) | | | | 206.43 | |

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If sumame of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 1 (for Schedule E)